

Using My Medicaid Benefits

Can I get a list of doctors who see Medicaid patients?

The Alabama Medicaid Agency does not keep a list of doctors who see Medicaid patients. This is because doctors who have signed up for Medicaid decide when – and if – they will see a Medicaid patient on a case-by-case basis. For example, a specialist such as an orthopedic doctor or an ear-nose-throat doctor may decide to limit their practice to 10 Medicaid patients a month, or to only see disabled children and not adults. They may see a patient one time, but not another. In this case, it is up to the patient to find out ahead of time if the doctor will accept their Medicaid coverage.

The exception to this is the Patient 1st program. More than 500,000 people in Alabama are on this program and each person has a “personal doctor” who is also known as a Primary Medical Provider or PMP. If you are on this program you will have a doctor who has agreed to see you for all of your medical care, or to refer you to other doctors, clinics or places if you need care that he or she cannot provide. You pick this doctor from a list of doctors who have signed a contract to be a part of the Patient 1st program.

How many doctor visits a year can I get?

Adults on Medicaid qualify for up to 14 doctor visits a year. Children on Medicaid also qualify for 14 doctor visits a year. However, if a illness or medical condition is detected during a well-child check-up or other screening, the child may be eligible for additional visits and services to take care of the illness or problem through the EPSDT (Early Periodic Screening Diagnosis and Treatment) program.

How many hospital days a year can I get?

Adults on Medicaid qualify for up to 16 days of care in a hospital per year. Children on Medicaid also qualify for 16 hospital days a year. However, if an illness or medical condition is detected during a well-child check-up or other screening, the child may be eligible for additional hospital days or other services to take care of the illness or problem through the EPSDT (Early Periodic Screening Diagnosis and Treatment) program.

What does Medicaid not cover?

Medicaid does not pay for cosmetic surgery or procedures, dental services for adults (age 21 or older), dental services for pregnant women who qualify for pregnancy-related services only (SOBRA adults), dental services such as braces, routine dentures, partials or bridgework, gold caps or crowns or periodontal or gum surgery. Also, Medicaid does not pay for hearing services for adults, hospital meal trays, cots or TV rentals, infertility treatments or services, recreational or experimental therapies, supplies or equipment, respiratory therapy, speech therapy and occupational therapy for adults, services to people who are in jail or prison, sitter services, services for anyone not eligible for Medicaid and any service not covered under the State Plan for Medical Assistance.

Can I go to an out of state doctor or hospital?

Services that Medicaid covers in Alabama may be covered out of state if:

- There is a certified emergency
- It would be hazardous to travel back to Alabama for treatment
- The medical services needed are more readily available in the other state
- An out-of-state medical provider has a contract with Medicaid in Alabama

An out-of-state medical provider must agree to enroll as a provider with the Alabama Medicaid Agency. Some services must be approved before the service can be given by an out-of-state provider.

Does Medicaid cover eye exams and eyeglasses?

Medicaid pays for eye exams and eyeglasses once every calendar year for children under 21 years of age, and once every three years for adults.